

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

FORM D

APR 102008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

2000			
	n amendment and name has changed, and indicate	•	Narronto
	Warrants, and the Common Stock issuab		
Filing Under (Check box(es) that apply):	<u> </u>	ule 506	☐ ULOE
Type of Filing: New Filing	Amendment		
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the			
Name of Issuer (check if this is an amen	idment and name has changed, and indicate chang	e.)	
Ciprico Inc.		_	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (In	
7003 W Lake Street, Suite 400, St.		(952) 540-2400	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (In-	
(if different from Executive Offices)			08046905
Brief Description of Business			
Designs, manufactures and markets	s storage and system solutions for digital	media applications.	DD -
		8	PHOCECCE
			OCOSED
		$\not\vdash$	APD 10 -
Type of Business Organization			· · · · · · · · · · · · · · · · · ·
⊠ corporation [limited partnership, already formed	other (please specify):	PROCESSED APR 1 8 2008 THOMSON
☐ business trust	limited partnership, to be formed		FINANCIAL
	Month Year		
Actual or Estimated Date of Incorporation or	Organization: 1 2 8 7		ed
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviatio	n for State:	
	CN for Canada; FN for other foreign jurisdiction		
GENERAL INSTRUCTIONS	••••		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sec. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

. •		A. BASIC IDENTIFIC	CATION DATA			
2. Enter the information requ		-				
 Each promoter of the issuer, if the issuer has been organized within the past five years; 						
 Each beneficial own of the issuer; 						
 Each executive office 	er and director of	corporate issuers and of corporate	orate general and managing	partners of partner	rship issuers; and	
Each general and m	anaging partner of	partnership issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner	
Full Name (Last name first, if Merrifield, Steven D		<u>-</u>				
Business or Residence Address	s (Number and S	treet, City, State, Zip Code)	 		······	
7003 W Lake Street,	Suite 400, St.	Louis Park, MN 55426				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if Johnson, Monte S.	individual)					
Business or Residence Addres	s (Number and S	treet, City, State, Zip Code)		•		
7003 W Lake Street,	Suite 400, St.	Louis Park, MN 55426				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if Burniece, Tom F.	individual)	······································				
Business or Residence Address	s (Number and S	reet, City, State, Zip Code)	······································	·		
17150 Los Robles W	ay, Los Gatos,	CA 95030				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if Gerson, James D.	individual)					
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)				
7003 W Lake Street,	Suite 400, St. I	Louis Park, MN 55426				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if Griffiths, Mark D.	individual)					
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)	•			
12020 Stallion Way,		•				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner	
Full Name (Last name first, if Hokkanen, Gary L.	individual)				issuaging a water	
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)				
8598 French Curve,						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if Mills, Andrew	individual)					
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	•	Louis Park, MN 55426				
		,				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

. ù		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information requ		•		<u> </u>	
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of the issuer;		er to vote or dispose, or dire			
	cer and director of contact and director of contact and director of the contact and di	corporate issuers and of corporatric partnership issuers.	orate general and managing	partners of partner	ship issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, it Marmen, Thomas	findividual)	· · · · · · · · · · · · · · · · · · ·	-		
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
64 Cotuit Bay Drive	, Cotuit, MA 02	635			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Bartels, Jeffrey	individual)				
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)			
7003 W Lake Street	, Suite 400, St. I	Louis Park, MN 55426			_
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	, d · d · · · · ·			
Business or Residence Address	ss (Number and S	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	`individual)				
Business or Residence Address	ss (Number and Si	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address	ss (Number and S	reet, City, State, Zip Code)		<u> </u>	<u>.</u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING FRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF IT	COCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pr		Amount Already Sold
	Debt	_		\$ 5,185,000
	Equity			\$
	☐ Common ☐ Preferred	<u></u>	_	<u> </u>
		\$ <u>1,950,000</u>		\$0
	Convertible Securities (including warrants) common stock issuable upon exercise of warrants	-	-	\$
	Partnership Interests			
	Other (Specify)			\$
	Total	\$ <u>9,750,000</u>	_	\$ 5,185,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate Dollar Amount of Purchases
	Accredited Investors	67		\$ 5,185,000
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1	r	r	D.II.
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			s
	Regulation A			S
	Rule 504			\$
	Total			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	e	_	
	Transfer Agent's Fees	•••••		\$
	Printing and Engraving Costs			\$
	Legal Fees		\boxtimes	\$ 35,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)	************		\$ _
	Other Expenses (identify)			\$
	Total			\$ 35,000

• • •	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND US	E OF PI	ROCEEDS	
5.	b. Enter the difference between the aggregate of 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	proceeds to the issuer used or proposed to be used in the purpose is not known, furnitimate. The total of the payments listed must	sed for sh an equal		\$ <u>9,715,000</u>
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		□ \$_		□ \$
	Purchase of real estate		□ \$_	<u> </u>	□ \$
	Purchase, rental or leasing and installation of	f machinery and equipment	□\$_		□ \$
	Construction or leasing of plant buildings an	d facilities	□ \$_		□ \$
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	e value of securities involved in this e assets or securities of another	□ s_		
	Repayment of indebtedness		□ \$_	<u></u>	□ \$
	Working capital		□\$_		⊠ \$ <u>9.715.000</u>
	Other (specify):		□ s _		□ s
			\$ _		□ s
	Total Payments Listed (column totals added	i)		⊠ \$2	9.715.000
		D. FEDERAL SIGNATURE		. <u> </u>	
llowing	er has duly caused this notice to be signed by g signature constitutes an undertaking by the is its staff, the information furnished by the issuer	ssuer to furnish to the U.S. Securities and	Exchai	nge Commission	on, upon written re-
Issuer	(Print or Type)	Signature /		Date ,	
Cipric	o Inc.	and s. /flu		3/31	/08
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)			
Monte	S. Johnson	Chief Financial Officer			
		i			

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)